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MARGIN RESERVED FOR BINDING
N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A
carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that
it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PLACE OF DEATH		ARIZONA STATE BOARD OF HEALTH	
BUREAU OF VITAL STATISTICS		ORIGINAL CERTIFICATE OF DEATH	
1. County <u>Graham</u>	State Index - - - No. <u>87</u>	County Registrar's - No. <u>35</u>	
District <u>Central</u>	Local Registrar's - No. <u>35</u>	St. _____ Ward _____	
Town or City <u>Central</u>	No. _____	(If death occurred in a hospital or institution, give its NAME instead of street number)	
2. FULL NAME <u>Bob Lyleton</u>			
(a) Residence. No. _____		St. _____ Ward _____	
(Usual place of abode)		(If nonresident, give city or town and State)	
Length of residence in city or town where death occurred		yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.	
PERSONAL AND STATISTICAL PARTICULARS			
3. SEX <u>male</u>	4. COLOR or RACE <u>white</u>	5. SINGLE, MARRIED, WID-OWED or DIVORCED <u>single</u>	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____			
6. DATE OF BIRTH (month, day and year) <u>4/15/31</u>			
7. AGE	Years _____	Months _____	Days _____
IF LESS than 1 day _____ hrs. or _____ min.			
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work _____ (b) General nature of industry, business or establishment in which employed (or employer) _____ (c) Name of employer _____			
9. BIRTHPLACE (city or town) <u>Central</u> (State or country) <u>Arizona</u>			
10. NAME OF FATHER <u>George S. Lyleton</u>			
11. BIRTHPLACE OF FATHER <u>Central</u> (city or town) (State or country) <u>Arizona</u>			
12. MAIDEN NAME OF MOTHER <u>Faye Lyleton</u>			
13. BIRTHPLACE OF MOTHER <u>Central</u> (city or town) (State or country) <u>Arizona</u>			
14. Informant (Address) <u>George S. Lyleton</u>			
15. Filed <u>5/8/32</u> <u>J. M. Lyleton</u> Local Registrar.			
V. S. No. 1 _____ County Registrar.			
MEDICAL CERTIFICATE OF DEATH			
16. DATE OF DEATH (month, day, and year) <u>April 16 1932</u>			
17. I HEREBY CERTIFY, That I attended deceased from <u>April 16, 1932</u> to <u>April 16, 1932</u>			
that I last saw him alive on _____, 19____			
and that death occurred, on the date stated above, at <u>12:15</u>			
The CAUSE OF DEATH* was as follows: <u>asphyxiation caused by breech delivery before I arrived</u>			
(duration) _____ yrs. _____ mos. _____ ds.			
CONTRIBUTORY (Secondary) _____ (duration) _____ yrs. _____ mos. _____ ds.			
18. Where was disease contracted if not at place of death? <u>no</u>			
Did an operation precede death? <u>no</u> Date of _____			
Was there an autopsy? <u>no</u>			
What test confirmed diagnosis? <u>clinical</u>			
(Signed) <u>F. W. Pytler</u> D. (Address) <u>4116 32</u> <u>Safford</u>			
* State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)			
19. PLACE OF BURIAL, CREMATION OR REMOVAL <u>Central</u>		DATE OF BURIAL <u>4/17</u> 19 <u>32</u>	
20. UNDERTAKER <u>Cluff</u>		ADDRESS <u>Central</u>	